

Chart A: PROGRAM STAFFING * Applicant Name:

Instructions for completing this form: Space is provided below for applicants to provide information about key staff, residents you plan to hire, the roles contractors will play, and the activities and responsibilities of the applicant's contract administrator. All applicants must complete this form. Applicants that are not required to have a contract administrator do not need to complete Section IV of this form.

* Grant to which the applicant is applying: ☒ RSDM-Family ☐ RSDM-Elderly ☐ Homeownership Supportive Services ☐ Neighborhood Networks ☐ PH Family Self Sufficiency**I. APPLICANT STAFF**

Name of Staff Person:

* Percent of Time on Grant (%) * Cost to Grant (\$)

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100.00	0.00
* Organization:					* Position:	* Activity in Grant Program:
<input type="text"/>					<input type="text"/>	<input type="text"/>
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100.00	0.00
* Organization:					* Position:	* Activity in Grant Program:
<input type="text"/>					<input type="text"/>	<input type="text"/>
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100.00	0.00
* Organization:					* Position:	* Activity in Grant Program:
<input type="text"/>					<input type="text"/>	<input type="text"/>
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Organization:					* Position:	* Activity in Grant Program:
<input type="text"/>					<input type="text"/>	<input type="text"/>
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Organization:					* Position:	* Activity in Grant Program:
<input type="text"/>					<input type="text"/>	<input type="text"/>
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Organization:					* Position:	* Activity in Grant Program:
<input type="text"/>					<input type="text"/>	<input type="text"/>

Name of Staff Person: (continued)

* Percent of Time on Grant (%) * Cost to Grant (\$)

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Organization:		* Position:		* Activity in Grant Program:		
<input type="text"/>		<input type="text"/>		<input type="text"/>		

II. RESIDENT STAFF (NOT APPLICABLE TO FSS APPLICANTS)

Name of Staff Person:

* Percent of Time on Grant (%) * Cost to Grant (\$)

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100.00	0.00
* Organization:		* Position:		* Activity in Grant Program:		
<input type="text"/>		<input type="text"/>		<input type="text"/>		

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100.00	0.00
* Organization:		* Position:		* Activity in Grant Program:		
<input type="text"/>		<input type="text"/>		<input type="text"/>		

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100.00	0.00
* Organization:		* Position:		* Activity in Grant Program:		
<input type="text"/>		<input type="text"/>		<input type="text"/>		

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
* Organization:		* Position:		* Activity in Grant Program:		
<input type="text"/>		<input type="text"/>		<input type="text"/>		

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
* Organization:		* Position:		* Activity in Grant Program:		
<input type="text"/>		<input type="text"/>		<input type="text"/>		

Name of Staff Person: (continued)

* Percent of Time on
Grant (%)* Cost to Grant
(\$)

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Organization:					* Position:	* Activity in Grant Program:
<input type="text"/>					<input type="text"/>	<input type="text"/>

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Organization:					* Position:	* Activity in Grant Program:
<input type="text"/>					<input type="text"/>	<input type="text"/>

III. CONTRACTOR/CONSULTANT ROLE (Not applicable to FSS applicants)

Type of Contractor to be Solicited **

Activity in Grant Program

Estimated Cost to Grant Program (\$)

<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

** NOTE: Contractors must be procured according to 24 CFR parts 84.41-84.48 or 24

IV. CONTRACT ADMINISTRATOR

Name of Organization

Areas of Responsibility/Oversight

Estimated Cost to Grant Program (\$)

<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
----------------------	----------------------	-----------------------------------

Public reporting burden for the collection of information is estimated to average two hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the ROSS grant. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.